



BOARD OF HEALTH

525 CANTON AVENUE
MILTON, MASSACHUSETTS 02186

(617) 898-4886
(617) 696-5172 FAX
www.townofmilton.org

Food Establishment Permit Application

1) Establishment Name:		Date:												
2) Establishment Address:														
3) Establishment Mailing Address (if different):														
4) Establishment Telephone No:														
5) Applicant Name & Title:														
6) Applicant Address:														
7) Applicant Telephone No:		24 Hour Emergency No:												
8) Owner Name & Title (if different from applicant):														
9) Owner Address (if different from applicant):														
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____		11) If a corporation or partnership, give name, title, and home address of officers or partner. <table border="1"><thead><tr><th><u>Name</u></th><th><u>Title</u></th><th><u>Home Address</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u>Title</u>	<u>Home Address</u>												
_____	_____	_____												
_____	_____	_____												
_____	_____	_____												
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)														
Name & Title:	_____													
Address:	_____													
Telephone No:	Fax:													
Emergency Telephone No:	_____													
13) District Or Regional Supervisor (if applicable)														
Name & Title:	_____													
Address:	_____													
Telephone No:	Fax:													

Food Establishment Permit Application : Page 2 of 2

14) Water Source: (check one) Town system _____ Private Well _____	15) Sewage disposal: (check one) Town sewer _____ On-site septic _____
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16) Days and Hours of Operation:	17) No. of Food Employees:
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18) Name of Person(s) In Charge Certified in Food Protection Management: <u>** Attach certificate(s) **</u>

19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No ** Attach certificate(s) & Insurance**
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20) Location: check one <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	22) Establishment Type <input type="checkbox"/> Food Service – (_____ Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (_____ #Meals/Day) <input type="checkbox"/> Food Service – Function Hall <input type="checkbox"/> Food Service - Mobile Truck Other <input type="checkbox"/> Food Delivery <input type="checkbox"/> Frozen Dessert Machine <input type="checkbox"/> Milk & Cream <input type="checkbox"/> Slush Machine <input type="checkbox"/> _____	<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Estab <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Home <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Retail (_____ Sq. ft)
21) Length Of Permit: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____ <input type="checkbox"/> Temporary/Dates/Time: _____		

23) Food Operations: (check all that apply)	Definitions: PHF – potentially hazardous food(time/temperature controls required) Non-PHF’s – non- potentially hazardous food (no time/temperature controls required) RTE – ready-to-eat (Ex. sandwiches, salads, muffins which need no further processing)
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<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation Of PHF's For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours. <input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Customer Self-Service <input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control) <input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale <input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
<input type="checkbox"/> Other (Describe): _____	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	To be completed by the Board of Health Total Permit Fee: _____ Payment is due with application

"I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the federal Food Code."

"Pursuant to MGL Ch. 152, sec. 25A, I certify under the penalties of perjury that this establishment, to my best knowledge and belief, is in compliance with the Massachusetts Workers Compensation Coverage Requirement if applicable."

"Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law."

24) Signature of Applicant: _____